## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mayday PAC	C C00562587
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Dat Peter Green	te of Public Distribution/Dissemination
Mailing Address 560 Scott St	09 / 01 / 2014
	nount
City State Zip Code	1247.00
Dat	Insaction ID: VNV0C9P5HM3 te of Disbursement or Obligation
Purpose of Expenditure Online Ad Production  Category/ Type	09 01 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Scott Brown	sident State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
Full Name of Payee Date	te of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
	nount
City State Zip Code	
	te of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sou	ught: House District:
Oppose Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	nent For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1247.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(c) TOTAL Independent Expenditures	1247.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mark Mckinnon  [Electronically Filed] Date 09	02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	